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SENATE BILL 1102

48TH LEGISLATURE - STATE OF NEW MEXICO - FIRST SESSION, 2007

INTRODUCED BY

Lynda M Lovejoy

AN ACT

RELATING TO BEHAVIORAL HEALTH; REQUIRING THE INTERAGENCY
BEHAVIORAL HEALTH PURCHASING COLLABORATIVE BUDGET TO BE
PRESENTED AS A SINGLE BUDGET REPRESENTING INCOME AND EXPENSES
ACROSS AGENCIES.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF NEW MEXICO:

Section 1. Section 9-7-6.4 NMSA 1978 (being Laws 2004,
Chapter 46, Section 8) is amended to read:

"9-7-6.4. INTERAGENCY BEHAVIORAL HEALTH PURCHASING
COLLABORATIVE. --

A. There is created the "interagency behavioral
health purchasing collaborative", consisting of the
secretaries of aging and long-term services, Indian affairs,
human services, health, corrections, children, youth and
families, finance and administration, labor, public education

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1 and transportation; the directors of [~~the state agency on~~
2 ~~aging~~] the administrative office of the courts, [~~the New~~
3 ~~Mexico office of Indian affairs~~] the New Mexico mortgage
4 finance authority, the governor's [~~committee on concerns of~~
5 ~~the handicapped~~] commission on disability, the developmental
6 disabilities planning council, the vocational rehabilitation
7 division of the public education department and the New Mexico
8 health policy commission; and the governor's health policy
9 coordinator, or their designees. The collaborative shall be
10 chaired by the secretary of human services with the respective
11 secretaries of health and children, youth and families
12 alternating annually as co-chairs.

13 B. The collaborative shall present a single budget
14 for behavioral health services, representing income and
15 expenses across agencies. Each agency that participates in
16 the collaborative shall participate in the budget preparation,
17 and the co-chairs shall present it before the legislative
18 finance committee and other appropriate hearings.

19 [~~B.-~~] C. The collaborative shall meet regularly and
20 at the call of either co-chair and shall:

21 (1) identify behavioral health needs
22 statewide, with an emphasis on that hiatus between needs and
23 services set forth in the department of health's gap analysis
24 and in on-going needs assessments, and develop a master plan
25 for statewide delivery of services;

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1 (2) give special attention to regional
2 differences, including cultural, rural, frontier, urban and
3 border issues;

4 (3) inventory all expenditures for behavioral
5 health, including mental health and substance abuse;

6 (4) plan, design and direct a statewide
7 behavioral health system, ensuring both availability of
8 services and efficient use of all behavioral health funding,
9 taking into consideration funding appropriated to specific
10 affected departments; and

11 (5) contract for operation of one or more
12 behavioral health entities to ensure availability of services
13 throughout the state.

14 [~~C-~~] D. The plan for delivery of behavioral health
15 services shall include specific service plans to address the
16 needs of infants, children, adolescents, adults and seniors,
17 as well as to address workforce development and retention and
18 quality improvement issues. The plan shall be revised every
19 two years and shall be adopted by the department of health as
20 part of the statewide health plan.

21 [~~D-~~] E. The plan shall take the following
22 principles into consideration, to the extent practicable and
23 within available resources:

24 (1) services should be individually centered
25 and family focused based on principles of individual capacity

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1 for recovery and resiliency;

2 (2) services should be delivered in a
3 culturally responsive manner in a home or community-based
4 setting, where possible;

5 (3) services should be delivered in the least
6 restrictive and most appropriate manner;

7 (4) individualized service planning and case
8 management should take into consideration individual and
9 family circumstances, abilities and strengths and be
10 accomplished in consultation with appropriate family,
11 caregivers and other persons critical to the individual's life
12 and well-being;

13 (5) services should be coordinated,
14 accessible, accountable and of high quality;

15 (6) services should be directed by the
16 individual or family served to the extent possible;

17 (7) services may be consumer or family
18 provided, as defined by the collaborative;

19 (8) services should include behavioral health
20 promotion, prevention, early intervention, treatment and
21 community support; and

22 (9) services should consider regional
23 differences, including cultural, rural, frontier, urban and
24 border issues.

25 [E.] F. The collaborative shall seek and consider

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1 suggestions of Native American representatives from Indian
2 nations, tribes, pueblos and the urban Indian population,
3 located wholly or partially within New Mexico, in the
4 development of the plan for delivery of behavioral health
5 services. "

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